

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 01-JUN-2014	TIME 01:33:00	2. ADDRESS OF OCCURRENCE 1537 N TALMAN AVE , Apt 1 CHICAGO, IL 6062	3. LOCATION CODE 090	4. BEAT/OCUR 1423	4a. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO				
	5. POSITION 9161	6. LAST NAME FERGUS	7. FIRST NAME MICHAEL C	8. STAR NO. 17370	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 508	12. HT. 185		
SUBJECT INFORMATION <input type="checkbox"/> DNA	14. DATE OF APPT. 29-NOV-2004	15. EMPLOYEE NO.	16. UNIT & SEAT OF ASSIGNMENT 014 1423R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20. LAST NAME RODRIGUEZ	21. FIRST NAME LUIS	22. M.I. A	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WWH	25. D.O.B. 05-SEP-1981	26. HT. 506	27. WT. 165		
	28. ADDRESS 3416 S UNION AVE CHICAGO, IL 60616	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. VERBAL THREAT (ASSAULT), FEET, HANDS/FEET <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	32a. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury	34. BY WHOM? DR. OYASU	35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid							
	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****		37. CB NO. 18905520	38. IR NO. IR NO.	39. DNA					
REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>	FLED	<input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input checked="" type="checkbox"/>	ATTACK WITH WEAPON ATTACK WITHOUT WEAPON	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON	<input type="checkbox"/>
STIFFENED (DEAD WEIGHT)	<input checked="" type="checkbox"/>	PULLED AWAY	<input checked="" type="checkbox"/>	OTHER _____		OTHER PUNCHED & KICKED A/O	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	
OTHER _____		OTHER _____				PERCEIVED AS _____		PERCEIVED AS _____		
MEMBER'S RESPONSE <input type="checkbox"/> DNA	MEMBER PRESENCE	<input checked="" type="checkbox"/>	OPEN HAND STRIKE	<input type="checkbox"/>	ELBOW STRIKE	<input type="checkbox"/>	KNEE STRIKE	<input type="checkbox"/>	FIREARM	<input type="checkbox"/>
	VERBAL COMMANDS	<input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING	<input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>	KICKS	<input type="checkbox"/>	OTHER _____	
ESCORT HOLDS	<input checked="" type="checkbox"/>	OC CHEMICAL WEAPON	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>			
WRISTLOCK	<input checked="" type="checkbox"/>	CANINE	<input type="checkbox"/>	OTHER _____						
ARMBAR	<input checked="" type="checkbox"/>	TASER (Probe Discharge) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>							
PRESSURE SENSITIVE AREAS	<input type="checkbox"/>	TASER (Contact Stun) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>							
CONTROL INSTRUMENT	<input type="checkbox"/>	TASER (ARC Cycle) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>							
OC/CHEMICAL WEAPON W/AUTHORIZATION	<input type="checkbox"/>	TASER (Spark Displayed) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>							
LRAD WITH AUTHORIZATION	<input type="checkbox"/>	OTHER _____								
OTHER _____		OTHER _____								
* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			RANK	STAR NO.	UNIT NO.	40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			40c. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member				
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR			
49. TASER DART ID NO.			50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED		
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD								
65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)					67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.					
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION					69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					
70. EVENT NO. HX284801 LOG# 1081170 Attachment 19 Page 1 of 4										

CASE INFORMATION	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE		
	NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		
40. ADDITIONAL INFORMATION			
SIGNATURES	73. REPORTING MEMBER (Print Name) FERGUS, MICHAEL C 01-JUN-2014 07:05:06	STAR/EMPLOYEE NO. 17370	SIGNATURE
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.		
74. REVIEWING SUPERVISOR (Print Name) GIBSON, WOODIE D	STAR NO. 1697	SIGNATURE	DATE REVIEWED TIME 01-JUN-2014 07:06:36

Additional discharged weapons:

1415201394

70. EVENT NO.

HX284801

71. RD. NO.

SUBJECT
INFORMATION

38. CHARGES PLACED

725 ILCS 5.0/110-3, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS
5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4

DNA

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT. 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was unruly and combative and taken directly to 019 lockup.

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

The officer's actions were proper in dealing with a belligerent, combative assailant.

77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

LOG NO. _____ OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE:

- IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
- NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

MULKERIN, MICHAEL J

80.

OF

TRR(S)

81. TOTAL TRR'S THIS EVENT No.

4

SIGNATURE 	DATE COMPLETED 01-JUN-2014 07:58:46	TIME
--	--	------

Log# 1081170
Attachment 19